



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants:	Colloca		
Serial No.:	09/831,182	Case:	ITR0056P
Filed:	July 18, 2001 (entry of national phase)		
For:	CELLS FOR THE PRODUCTION OF HELPER DEPENDENT ADENOVIRAL VECTORS, METHOD FOR THE PREPARATION AND USE THEREOF		

Art Unit: 1648

Examiner:

Winkler, U.

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Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

CERTIFICATE OF MAILING UNDER 37 C.F.R. 1.8(a)

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BY: Laura M. Ginkel MERCK & CO., INC.

REGISTRATION. NO.: 51, 737

DATE: Dec. 19, 2003

RESPONSE UNDER 37 C.F.R. § 1.111

Dear Sir:

In response to the Office Action mailed September 24, 2003, please consider the foregoing remarks. Any additional fees associated with this Response may be charged to Merck Deposit Account No. 13-2755.

REMARKS begin on page 2 of this paper.

1648

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

In re application of: COLLOCA, STEFANO

Serial No. 09/831,182

Filed July 18, 2001

Group Art Unit 1648

Examiner Winkler, U.

For: **CELLS FOR THE PRODUCTION OF HELPER DEPENDENT
ADENOVIRAL VECTORS, METHOD FOR THE PREPERATION
AND USE THEREOF**



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Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

☐ The fee has been calculated as shown below.

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CLAIMS AS AMENDED

(1)	(2) Claims remaining after amendment	(3)	(4) Highest Number Previously Paid For	(5) Present Extra	(6) Rate	(7) Additional Fee
Total Claims	* _____	-	** <u>20</u> =	<u>0</u> X	\$18	= <u>0.00</u>
Independent Claims	* _____	-	*** <u>3</u> =	<u>0</u> X	\$86	= <u>0.00</u>
Multiple Dependent Claims					\$290 ****	= _____
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						0.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" in this space is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" in this space is less than 3, write "3" in this space.

**** Add this fee only if application is amended to include multiple dependent claims (regardless of number) and no multiple dependent claims were originally filed.

Charge \$ 0.00 to Deposit Account No. 13-2755. Please charge any additional fees or credit overpayment to Deposit Account No. 13-2755. A duplicate copy of this sheet is enclosed.

Respectfully,

Laura M. Ginkel

By: Laura M. Ginkel

Attorney _____ for Applicant(s)

Reg. No. 51,737

MERCK & CO., INC.
Patent Dept., RY60-30
P.O. Box 2000
Rahway, N.J. 07065-0907

(732) 594-1932

Date: December 19, 2003

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, on the date appearing below.

MERCK & CO., INC.

By *Laura M. Ginkel* Date Dec. 19, 2003

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